2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90037 040 ***150.00

DOCUMENT # P99000021336

Name

GENERAL SCIENCES GROUP, INC.

1. Principal Place of Business
111 Old Hickory, Apt. 74
Nashville, TN 37221

Mailing Address
111 Old Hickory, Apt. 74
Nashville, TN 37221

2. Principal Place of Business
445 Poinciana Island Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 61-0400
Suite, Apt. #, etc.

[redacted]

DO NOT WRITE IN THIS SPACE

City & State
North Miami Beach, Florida
Zip 33160 Country U.S.A.

City & State
North Miami, Florida
Zip 33261-0400 Country U.S.A.

4. FEI Number 65-0905239 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Angulo, Ana Maria
2151 South Lejeune Road, Suite 310
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name: Morris, Lino G.
Street Address: 445 Poinciana Island Drive
City: North Miami Beach FL Zip Code: 33160

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible Tax Filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
D - Saltz, Joan 111 Old Hickory, Apt, 74, Nashville, TN 37221		President - Morris, Lino G. 445 Poinciana Island Drive, N. Miami Beach, FL 33160	
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/16/00 305/940-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #